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EXPRESS MAIL NO. EV447226453US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : William A. Skinner et al.
Application No. : 10/726,809
Filed : December 4, 2003
For : METHOD OF INSTALLING DOUBLE FLANGED BUSHINGS

Examiner : Glenn A. Caldarola
Art Unit : 1764
Docket No. : 320043.427D1
Date : July 26, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBSEQUENT PRELIMINARY AMENDMENT

Commissioner for Patents:

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.



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**TRANSMITTAL
FORM**(To be used for all correspondence
after initial filing)

Application Number	10/726,809
Filing Date	December 4, 2003
First Named Inventor	William A. Skinner
Art Unit	1764
Examiner Name	Glenn A. Caldarola
Attorney Docket No.	320043.427D1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		_____

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Richard C. Vershave	Customer Number 00500
Signature		
Date	July 26, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	*** SENT VIA EXPRESS MAIL ***	
Signature		Date:

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